

**APPLICATION FOR LICENSE TO SERVE
FERMENTED MALT BEVERAGES & INTOXICATING LIQUORS
VILLAGE OF SLINGER**

Instructions: Neatly print and complete all information. **If you are unsure how to complete any section of this form, please ask for assistance. A false or incomplete answer or statement on this application may result in denial or revocation of the license. FEES ARE NON-REFUNDABLE.** Also note that this application will need to be approved by the Village Board of the Village of Slinger at one of the monthly meetings (usually the 1st & 3rd Monday of each month) and may take up to 2 weeks to process.

I hereby apply for a license to serve, from hereof to June 30, 2017, inclusive (unless sooner revoked), to sell fermented malt beverages and intoxicating liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

As the applicant I grant the Village of Slinger authorization to obtain any information and records pertaining to me from any sources for up to one year from this date and I hereby release any individual or institution from any and all liability for damages of whatever kind which may result to me, my heirs, family, or associates because of compliance with the authorization and request to release information.

New Applicant ☐ **Renewal** ☐ **Where will you work or tend bar?** _____
(New Applicants must show proof that they have taken the Responsible Beverage Service Class (certificate copy) or have had a license in another municipality within the past 2 years or less from the date of application.)

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY

I am a Citizen of the United States? Yes ____ No ____

Name: _____
(First) (Middle) (Last) (Maiden)

Address: _____
(# & Street) (City) (State) (Zip Code)

Telephone #: (____) _____ **Male** ☐ **Female** ☐

Number of Years at This Address: _____
(If less than 5 years, please submit previous addresses on reverse side)

Date of Birth: _____ **Place of Birth (CITY OR COUNTY):** _____

Social Security Number: _____

Have you EVER been convicted of ANY felony or misdemeanor for violation of Federal or State laws, any laws of any other States, any ordinances of any Municipality, or are there any criminal charges presently pending against you?

This should include citations and/or tickets of any kind.

Yes ____ No ____ (If Yes, Explain Fully on Reverse Side)

Have you EVER been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? Yes ____ No ____

If Yes, Explain _____

Driver's License #

Signature

Date

Witness

PREVIOUS ADDRESSES

Street Address

City & State

Length of Time

If you answered Yes to being convicted of a Felony/Misdemeanor on Side One (1), outline details below.

CONVICTION(S)

Charge: _____

Local Ordinance/State Law/Federal Law: _____

Where Convicted: _____

Date of Conviction: _____ Penalty: _____

Misdemeanor: _____ Felony: _____

Other Charges: _____

PENDING CHARGE(S)

Charge Pending: _____ Date: _____

Local ordinance/State Law/Federal Law: _____

Other Pending Matters: _____